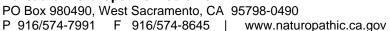


STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

Bureau of Naturopathic Medicine





Naturopathic Doctor's Duplicate/Replacement License

Complete the applicable section below and mail this form, documents, and a check or money order in the amount of **\$25.00** to:

Bureau of Naturopathic Medicine 1625 N. Market Blvd., Suite S-202 Sacramento, CA 95834

Duplicate:			
Name:		ND Number:	Telephone Number:
Address:	(Street, City, State, Zip	Code)	
Reason: Seconda	ry Business Address		
		OR	
Replacement:			
Name:		ND Number:	Telephone Number:
Address:	(Street, City, State, Zip	Code)	
Reason: ☐ Lost/S	Stolen/Mutilated/Destroyed	☐ Business Address Ch	nange □ Name Change*
Name change	requires a copy of a ma	arriage license, driv	er's license, or court order.
Signature:			Date: